

Date Submitted by CC:

Kentucky Agricultural Development Fund

Date Received by Board:

Application No.: (ADB use only)

Proposal Cover Page

1. TITLE OF PROPOSED PROJECT:			
2 a. LEGAL NAME OF THE ENTITY TO WHICH THE AWARD SHOULD BE MADE:		3 a. NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (AR)*:	
2 b. Address (Where Check to Be Mailed):		3 b. Telephone No.:	3 c. Fax No.:
		3 d. E-mail Address:	
		3 e. ADDRESS OF AR (legal agreement will be mailed here):	
4 a. TYPE OF ORGANIZATION: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corp <input type="checkbox"/> Government <input type="checkbox"/> Cooperative <input type="checkbox"/> LLC <input type="checkbox"/> C-Corp		4 b. Is the entity in item 2 registered with the Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, is it a sole proprietorship?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	4 c. TAX ID #:
5. PROGRAM TO WHICH YOU ARE APPLYING: <input type="checkbox"/> Model Program (Specify): _____ <input type="checkbox"/> Model Menu Approach <input type="checkbox"/> Other (Non-model) <input type="checkbox"/> KCADE		6. PROPOSED START DATE: _____	7. PROPOSED ENDING DATE: _____
8. TYPE OF REQUEST (Check all that apply): <input type="checkbox"/> New <input type="checkbox"/> County Model Amendment		9 a. COUNTY FUNDS REQUESTED: \$ 9 b. COUNTY:	
10. Have you received any ADF funding? State: County:	11. What percent of the total project costs are you requesting?	9 c. STATE FUNDS REQUESTED: \$	9 d. TOTAL REQUESTED: \$
12 a. PROJECT CONTACT (If different from AR in item 3.):		12 b. Contact Phone:	12 c. Contact Fax:
			12 d. Contact E-mail:
13. PROJECT SUMMARY (Describe how the funds will be used. If Menu Approach, then please list all Model Programs to be included)			
<p>By affixing a signature to this application, the applicant(s) certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth therein; and that all information contained in this application package is true to the best of the applicant's knowledge, information, and belief. The applicant(s) also authorizes the Agricultural Development Board and any of its representatives to make all necessary investigations of financial, credit, and other records through credit agencies and authorize the release of any and all information, which may be relevant to making a decision on this application, whether such information is record or not. The Agricultural Development Board reserves the right to modify or terminate any subsequent agreements with applicant, if at a future date it becomes aware of material misrepresentation(s) contained in this application.</p>			
Signature of Authorized Representative (From box #3 a.):		Date Signed:	